National Children's Study
Federal Advisory Committee 12th Meeting
September 20–21, 2005

Meeting Minutes Excerpt

Ethical Considerations: Informing Participants, Families, and Communities of Information Learned

Myron Genel, M.D., Chair, NCSAC Ethics Subcommittee, Yale University School of Medicine

The mission of the NCSAC Ethics Subcommittee is to provide advice and recommendations concerning various ethical concerns. In a conference call prior to the meeting, the subcommittee (Dr. Genel; Nancy Dubler, LL.B.; Cynda Rushton, D.N.Sc., R.N.; David Schonfeld, M.D.; and Peggy Shepard) was asked to discuss and respond to specific questions derived from the following statements:

- The Study plan is committed to revealing relevant and important information to participants and families.
- NIH policy on reporting results specifies that:
  - Informed consent must include information on what will and will not be offered or told to participants.
  - Under the Federal Privacy Act, an individual may not waive his or her right to obtain access to research records.
- The Study's data and safety monitoring board (DSMB) will assess scientific validity of findings.

The subcommittee developed the following recommendations during its conference call:

- Should the Study inform participants and families about aggregate findings?
  - Findings must be scientifically valid and clinically relevant.
  - The Study should inform participants, families, and the greater community of findings.
  - The Study has an obligation to develop methods to help participants understand and interpret the meaning of the information.
  - A Web site can provide updated information, perhaps with access to some information for the general public, and secure access for individuals/families.
- Should the Study inform participants and families about all individual findings, or only those that are medically or clinically relevant, or only those for which an intervention is available?
  - The Study should inform participants and families about all medically or clinically relevant individual findings whether or not there is an available intervention.
  - The Study should focus on how best to communicate this information so that it is useful to participants and increases knowledge without being unduly alarming.
  - There is a need for a system to assure that each participant is informed of such information.
  - Written communication (paper or secure e-mail) should accompany any oral discussions.

The NCSAC reached consensus and agreed to these recommendations.

The remaining issues for discussion include:

- Some information may be confusing and misleading or not particularly useful to the participant; should it be shared?
- How should the Study determine which information is medically or clinically relevant?
- Should families be advised about the potential negative impact of being informed about findings?
- Should participants be "offered" or "told" the information, or should information "be available on request"?
- What methods and frequency should be used to inform participants of findings? (What method should be used for clinically "critical" versus "relevant" information?)
- Who should do the informing? The Program Office? The Coordinating Center? Participating local centers? Personal physicians?
- How should the Study treat genetic information?
- What information should be shared with local communities?

The NCSAC also reached consensus on the following issues:

- Those elements of aggregate data that are shared should be presented thoughtfully, and reasons should be provided as to why they are being shared; that is, there should be purpose to the informing of aggregate data.
- The concept of "clinical relevance" may not be uniformly applicable across geographic regions, across communities, and across time.
- The categories of aggregate data need to be the same across regions.
- The Study may not always be able to determine the meaning and clinical relevance of aggregate data.
- What may not be clinically relevant today may become relevant in the future.
- "Clinical utility" may be a more important concept than clinical relevance; that is, the aggregate data should be used for a specific purpose such as improving health outcomes in individuals and communities.
- Too much data can be dangerous. Community engagement may be helpful to determine what is useful to the community and what is not.
- The Study needs a clearly articulated process to define categories of information, and the participants need to understand what the categories are.
- The Study needs to offer information to participants, and communities need to be involved to help determine what information is offered.
- The Study should have methods to identify in a timely manner clinically critical findings, with appropriate "red flags," and as best as possible, involve personal physicians and families in dealing with these clinically critical findings.
- When there is a reason to think that participants and families might wish to know clinically relevant but not clinically critical findings at the individual level, the participants should be offered the finding, with some element of interpretation of meaning, ideally in a face-to-face setting where participants and families can ask questions and discuss the meaning of the findings.

The NCSAC Ethics Subcommittee will continue to discuss these issues, and further recommendations will be presented to the NCSAC at future meetings.

National Children's Study
Federal Advisory Committee 13th Meeting
January 24–25, 2006

Meeting Minutes Excerpt

NCSAC Ethics Subcommittee Report: Informing Communities of Information Learned

Myron Genel, M.D., Chair, NCSAC Ethics Subcommittee, Yale University School of Medicine

Dr. Genel explained that the Ethics Subcommittee is still considering questions regarding the Study's commitment to revealing relevant and important information to participants and families. The specific remaining questions are:

- Should the Study inform "communities" about local findings? What? How? Whom?
- Who is the community?
- Who represents the community?
- How should the community be engaged?
- Should community permission be required before revealing findings?

Specific discussion issues are:

- The Study will not follow a strict community-based participatory research approach but is committed to engaging the community in a meaningful way.
- Engaging the community can benefit the Study.
- A community can be involved in consultation without being given the power of consent.
- Consultation with the community can influence the process of revealing findings even if the community's opinion is not determinative of action.
- Prior to revealing information to communities, the Study's data and safety monitoring board can determine the scientific validity of Study findings.
- The Ethics Subcommittee can give advice (through the NCSAC) to the Study concerning revealing findings to communities.

Dr. Genel listed the following conclusions and recommendations from the Ethics Subcommittee:

- The Study has an obligation to share clinically relevant individual-level data with individual participants and families.
- There is also an obligation to share community-level data of importance with the broader community at each site.
- There may be potential risks to individuals (participants and nonparticipants) and to the entire community of revealing information found in the Study. Therefore, revealing information to communities must be done thoughtfully and with some level of preparation.
- Prior to revealing findings to a community, community leaders should be engaged and informed.
- Community members should serve as consultants for issues related to informing communities about findings.
- However, because there is a potential for conflict between the interests of individuals and the interests of the community related to reporting of findings, the advice of the community should be considered but need not be determinative of action.

- The Study should have a structure in place, including a data and safety monitoring board (DSMB) and the Ethics Subcommittee, to obtain advice and assist the Study Director and the Director, NICHD, to make decisions about revealing findings to communities.

After the presentation by Dr. Genel, additional thoughts from and issues discussed by the Ethics Subcommittee and NCSAC included the following:

- *The need to have ethicists who are not part of government agencies advise the Steering Committee on a range of issues.*

- *The need to create clear expectations about the boundaries of disclosure from the beginning of a relationship with a community.* It was noted that the Study should be clear concerning who makes decisions and how the Study and the community can work together to think about how the information is communicated. Having a way to understand what the community thinks is important and what the community may view as risky or nonrisky information will be important.

- *When the DSMB will have the authority to take action and to what entity it will report*. Dr. Fleischman said that the present plan is that the DSMB would report to the Director, NICHD.

- *Whether findings will be reported at the county, Census tract, or Census block level and the implications for community representation.* Dr. Fleischman replied that the data will be available in various ways, and there will be an iterative process to think about that as the data become available. The Study will aggregate data regularly for all communities to see, but the DSMB will play a role when there is a question of the meaning of some local data, for example. If the findings are real, then community people would be involved at the appropriate level concerning how to reveal the findings. However, community members may disagree about revealing findings.

- *Women of diverse income levels and race/ethnicity will be participating in the Study.* Dr. Fleischman agreed and noted that there will be a broad spectrum of socioeconomic status and that ethical concerns may differ among different groups.

- *The need to be cautious about the release of data at the local block level that could pose a confidentiality problem.* Dr. Fleischman suggested that biostatisticians and ethicists would assist the Study to protect individual confidentiality of data.

- *The meaning of "clinically relevant" individual data and who decides what data are clinically relevant and how they are reported.* Dr. Genel noted that this question was discussed at the September meeting and that clinically relevant data would include finding something of importance that would potentially need some medical or other intervention or that the person should know about. Dr. Fleischman explained that there are several levels of information using the concept of clinical relevance, including clinically critical levels, in which the Study would have an obligation to inform participants and families in a timely manner about findings that could have immediate health implications. Most people agree that there is an ethical obligation to assure there is a system in place to inform and help families deal with clinically critical findings. A second level of findings might not need to be dealt

with immediately but ought to be dealt with. Then there will be information of lesser importance that may be optional for participants to receive and that would be available upon request. Some findings may be given to families directly or through their clinicians, and the participants will likely be responsible for telling the Study how they want that information revealed.

- *The role of the DSMB in assessing the meaning of Study findings.* An Ethics Subcommittee member commented that the DSMB's role would not be to look at individual test values but to look at patterns that suggest a community risk, for example. The researchers would use cutoffs for test values to decide what to report to a provider or family. Dr. Fleischman added that the DSMB would help determine the meaning of elevated biomarkers in a group, and if the meaning is not known, then the Study should not create unintended negative consequences. A member commented that there are many gray areas where the meaning of an individual test result is not clear.

- *Making resources available to help communities change environmental factors, even if that means changing Study outcomes.* Dr. Fleischman commented that the NCSAC had previously discussed the obligation to intervene at the community level even if it meant changing the outcomes for the children. The NCSAC has said that it wishes to help in developing strategies at the national and local level for empowering communities to make change, since that might not solely be the job of the centers.

- *The importance of working with community health care providers and the need to educate primary care providers about the Study.* Dr. Fleischman noted that embedded in this comment was the creation of a strategy of obtaining permission to inform primary care providers of study results. The centers cannot share health information with a participant's primary care providers without the participant's permission. Dr. Scheidt commented that the RFP for the Vanguard Centers stipulated that the centers convey plans to refer to and access primary care providers and how they would deal with serious circumstances, such as fetal death, as well as straightforward clinical referrals—and not just plans to refer but also to follow through and make sure the problem has been addressed.

- *A suggestion that the centers be required to meet some minimum Study standards on the transferal of information.* An Ethics Subcommittee member suggested that critical values need to be determined at the national level before the first participant is enrolled. When critical values are not known, results can be reassessed as the Study goes forward and more information is available. Dr. Fleischman said that this fits in with the QMP and the IMS system described earlier in the meeting.